

## **PRESUMPTIVE ELIGIBILITY TRAINING VERIFICATION FORM**

**Please complete and sign this form, keep a copy for your records, and return the original to:  
Trinda Smith, Human and Community Services, PO Box 202925, Helena MT 59620-2925**

By completing and signing this form I acknowledge I completed **Presumptive Eligibility training** for Healthy Montana Kids, Healthy Montana Kids *Plus*, Former Foster Care Children (to age 26), Parent/Caretaker Relative Medicaid, Pregnant Woman, and Breast and Cervical Cancer.

I understand that I must scan and email, or FAX **both** Presumptive Eligibility applications and Proof of Temporary Coverage forms to the State of Montana Human and Community Services Division no later than 5 days after making a determination of Presumptive Eligibility.

I agree to provide families with a copy of the completed Presumptive Eligibility application, the Proof of Temporary Coverage letter, information about how to access program benefits online, and a copy of the Application for Health Coverage & Help Paying Costs.

I agree to provide assistance with all applications OR make arrangements for such assistance as needed to ensure submission of applications to the State of Montana.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Training

\_\_\_\_\_  
Signature

Human and Community Services · PO Box 202925 · Helena, MT 59620-2925 · (FAX) 1-877-418-4533